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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/500,532
		Filing Date	19 July 04
		First Named Inventor	Thennati RAJAMANNA
		Group Art Unit	1616
		Examiner Name	Sabiha QAZI
Total Number of Pages in This Submission		Attorney Docket Number	Sun Pharma

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	
Date	22 July 2005

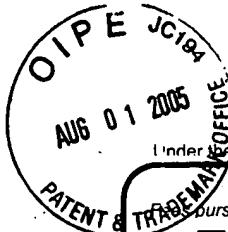
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28 July 05

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Signature		Date 22 July 2005

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PTO/SB/17 (12-04v2)

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## Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEET TRANSMITTAL** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
180.00

### Complete if Known

Application Number	10/500,532
Filing Date	19 July 2004
First Named Inventor	J. RATAMANNAR
Examiner Name	Sabiha QAZI
Art Unit	1616
Attorney Docket No.	Sun Pharma

### METHOD OF PAYMENT (check all that apply)

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=		50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=				

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fee Paid (\$)

180

### SUBMITTED BY

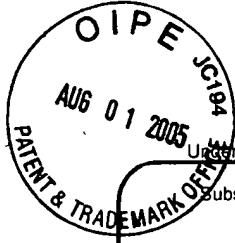
Signature	<i>J. Mark Pohl</i>	Registration No. (Attorney/Agent) 35,325	Telephone (973)984 - 0076
Name (Print/Type)	J. Mark Pohl		Date 22 July 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08A (04-03)

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Substitute for form 1449/PTC

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(Use as many sheets as necessary)*

Sheet

1

of

2

**Complete if Known**

Application Number	10/500,532
Filing Date	19 July 2004
First Named Inventor	T. RAJAMANNAR
Art Unit	1616
Examiner Name	Sabiha QAIZI
Attorney/Agent Number	Suz Dharma

## FOREIGN PATENT DOCUMENTS

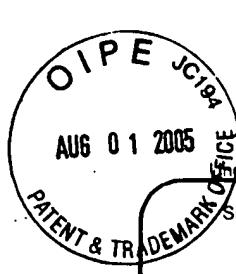
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
		WO 98/19513	14 May 98	PETERSEN et al		
		WO 98/19512	14 May 98	PETERSEN et al.		
		WO 99/30548	24 Jun 99	PETERSEN et al.		
		WO 00/23431	27 Apr 00	DALL'ASTA et al		
		WO 00/11926	09 Mar 00	PETERSEN et al.		
		WO 01/47877	05 July 01	CASTELLIN et al		

Examiner Signature		Date Considered	
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Substitute for form 1449/PTO

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**(Use as many sheets as necessary)**

Sheet

2

of

2

**Complete if Known**

Application Number	10/500,532
Filing Date	19 July 2004
First Named Inventor	T. RAJAMANNA R
Art Unit	1616
Examiner Name	Sabihah QAZI
Attorney Docket Number	Sun Pharma

## U. S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

Examiner initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
		WO 03/029236	10 Apr 03	MALIK et al.		
		WO 01/02383	06 July 01	BOLZONELLA		

Examiner Signature		Date Considered	
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